

 **Mirena**[®]
(levonorgestrel-releasing intrauterine system)
Keep life simple.

WIH Encinitas OB/GYN

For more information:
www.Mirena-us.com
888-84-BAYER



Bayer HealthCare
Pharmaceuticals

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 **Mirena**[®]
(levonorgestrel-releasing intrauterine system)

Keep life simple...
with one less thing
to think about.



Imagine...

- Birth control you don't have to think about every day, every week, every month,* or even every year
- Birth control that's 99.9% effective
- Birth control that, once removed, allows you to try to become pregnant when you want to†
- Birth control that's quickly inserted, easy to use, and removable when you want it to be
- Birth control that's effective and safe, flexible, and helps to simplify your life
- Birth control that fits your lifestyle and meets your needs

That's Mirena®!

This booklet answers many of the most common questions about Mirena®. It will also help you discuss birth control with your healthcare professional, including whether Mirena® could be right for you.

*Once Mirena® is placed, you should check the threads once a month. Your healthcare professional can show you how. If you have trouble finding the threads, call your healthcare professional. And in the meantime, be sure to use a backup method of contraception.

†Studies show a woman's chances of getting pregnant after Mirena® is removed are similar to women who had not been using any form of birth control.

Please see Important Mirena® Patient Information provided with this booklet.

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For more information, please visit us at www.Mirena-us.com or call toll free at **888-84-BAYER**.

Hassle-free and convenient

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 **Mirena®**
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Keep life simple.

Hassle-free birth control

Mirena® is 99.9% effective

Q What is Mirena®?

A Mirena® (levonorgestrel-releasing intrauterine system) is an estrogen-free intrauterine contraceptive (IUC) that delivers small amounts of hormone directly to the uterus. Mirena® is made of soft, flexible plastic. Mirena® virtually eliminates the worry of unplanned pregnancy.

- 99.9% effective in preventing pregnancy
- Lasts for up to 5 years, or less if you choose*
- Provides lower and steadier hormones than the Pill
- Easily removed when you want it to be
- Once removed, allows you to try to become pregnant right away

Other things to know about Mirena®

- Won't cause significant weight gain†
- May also help shorten, lighten, or even eliminate periods‡

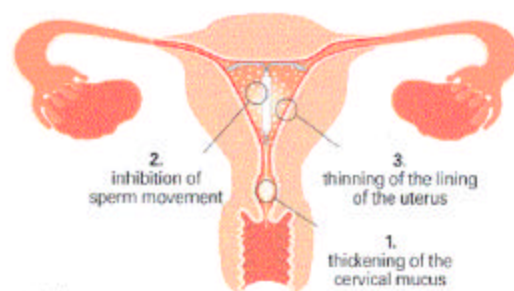
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†Based on a European multicenter study involving >1,000 LNG IUS users (Luukkainen T, Allonen H, Haukkanen M, et al. Effective contraception with the levonorgestrel-releasing intrauterine device: 12-month report of a European multicenter study. *Contraception*. August 1987; 36(2):169-179).

‡By 1 year of use, there is up to a 90% reduction in menstrual bleeding, and about 20% of Mirena® users have had no menstrual bleeding at all. You may expect to miss your period while you are using Mirena®. See page 18 for more information.

Please see Important Mirena® Patient Information provided with this booklet.

Mirena® works precisely where you need it*



*Theoretical

Q How does Mirena® work?

A There is no single explanation for how Mirena® works. Mirena® may:

- Block sperm from reaching or fertilizing your egg
- Make the lining of your uterus thin (this may also result in benefits like less menstrual bleeding over time)
- Stop the release of your egg from your ovary (but this is not the way it works in most cases)

It is believed that all 3 of these actions may work together to prevent pregnancy.

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Q Is Mirena® safe and effective?

A Over the past 16 years, more than 12 million women worldwide have used Mirena® (levonorgestrel-releasing intrauterine system) successfully. It is a 99.9% effective form of contraception that has been approved by the FDA for use in the United States since 2001. As a result of their personal experiences, 9 out of 10 women who use Mirena® would recommend it to their friends.

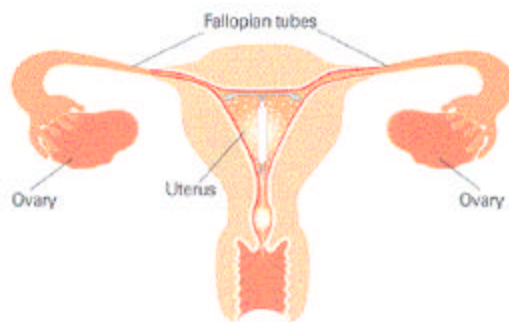
IMPORTANT SAFETY INFORMATION ABOUT MIRENA®

Candidates for Mirena® have had a child, are in a stable relationship, and have no risk or history of ectopic pregnancy or pelvic inflammatory disease. **Mirena® does not protect against HIV or STDs.** Ovarian cysts may occur and typically disappear. Complications may occur from placement. Expulsion (where Mirena® falls completely or partially out of the uterus) may occur. Missing periods or irregular bleeding is common in the first few months, followed by shorter, lighter periods.

Please see Important Mirena® Patient Information provided with this booklet.

Q Why would I want birth control that delivers hormones directly to my uterus?

A The uterus is where the hormones are most effective to protect you against pregnancy. Mirena® is the only form of birth control that releases very small doses of a nonestrogen hormone, levonorgestrel, over time, safely, and directly to your uterus.



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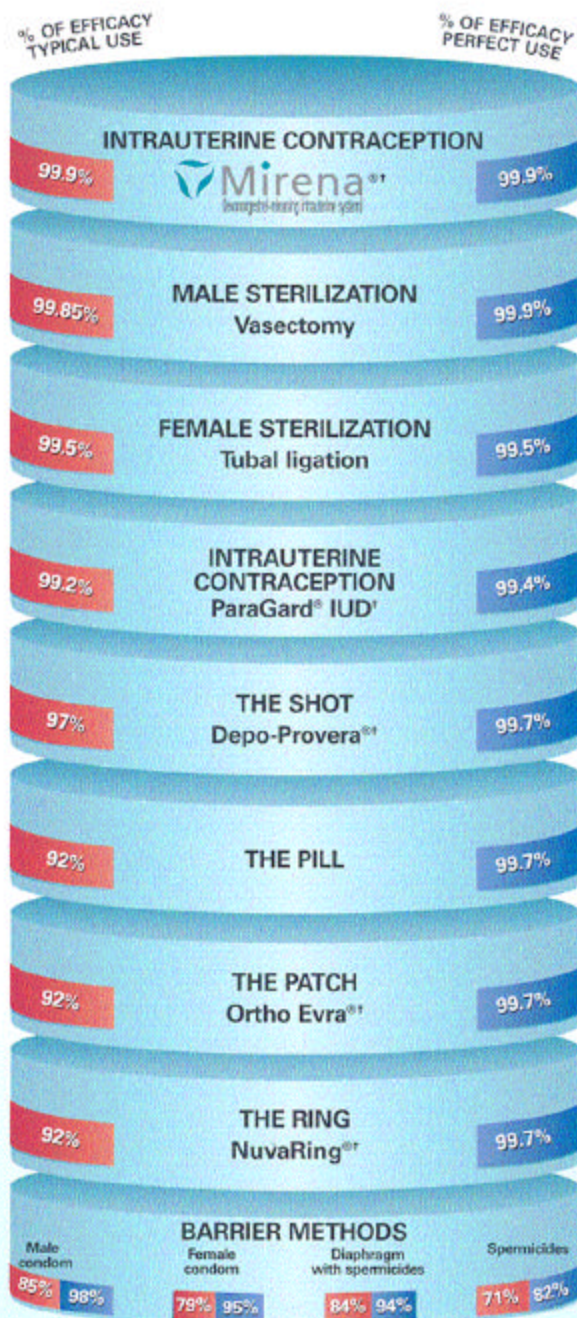
Q How effective is Mirena® compared to other birth control methods?

A Mirena® (levonorgestrel-releasing intrauterine system) is one of the most reliable methods of birth control. Only about 1 in 1,000 women who use Mirena® will experience an unintended pregnancy during the first year of use. It doesn't rely on your using it regularly and properly to be effective. Once Mirena® is properly placed in your uterus by your healthcare professional, it is 99.9% effective.

[†]Mirena® is a registered trademark of Bayer HealthCare Pharmaceuticals, Inc. ParaGard is a registered trademark of DuraMed Pharmaceuticals, Inc. Depo-Provera is a registered trademark of Pfizer. Ortho Evra is a registered trademark of Ortho-McNeil Pharmaceutical, Inc. NuvaRing is a registered trademark of Organon USA Inc.

Please see Important Mirena® Patient Information provided with this booklet.

The Effectiveness of Mirena® Compared to Other Birth Control*



*Adapted from Trussell, J. "Contraceptive Efficacy" In: Hatcher RA, Trussell J, Stewart F, et al. *Contraceptive Technology*, Eighteenth Revised Edition. New York, NY: Ardent Media; 2004.

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Simplify your options

With Mirena® you can decide if and when you want to try to have another baby

Q Can Mirena® help with family planning?

A Whatever stage of life you're in, whatever your contraceptive needs—Mirena® (levonorgestrel-releasing intrauterine system) can help simplify your busy life by offering both flexibility and protection. It is recommended for women who have had at least 1 child and are in a monogamous relationship, as Mirena® does not protect against HIV or STDs (sexually transmitted diseases). Mirena® is an option during the stages of your reproductive life:

- If you are currently pregnant or just had a baby and want to explore your birth control options
- If you are still planning your family and are unsure if you want more children, and are seeking hassle-free birth control
- If you don't think you want any more children, and also don't want the permanence of sterilization

Please see Important Mirena® Patient Information provided with this booklet.

Q What if I decide to have another baby?

A Although Mirena® lasts up to 5 years, you do not have to keep Mirena® for the full 5 years.* When you decide you want to try to have another child, Mirena® can be easily removed at any time. It takes just a few minutes during a visit to your healthcare professional. After that, you can begin trying to get pregnant right away.†

- After Mirena® is removed, users have a similar chance of getting pregnant as women using no contraception at all†

*Mirena® is cost-effective after just 1 year.

†Studies show a woman's chances of getting pregnant after Mirena® is removed are similar to women who had not been using any form of birth control.

Q How soon after I give birth can I get Mirena®?

A Mirena® should not be placed until 6 weeks postpartum or as directed by your healthcare professional. When you ask your healthcare professional if Mirena® is the right contraceptive option for you, be sure to tell him or her if you are breastfeeding.

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Q What if I want birth control for more than 5 years?

A No problem. Mirena® (levonorgestrel-releasing intrauterine system) must be removed after 5 years. If you want to continue using Mirena®, your healthcare professional can immediately place a new Mirena® during the same office visit when your current Mirena® is removed.

Q How does Mirena® compare to sterilization?

A Some women decide to have their tubes tied, thinking they can have the surgery reversed if they change their mind. The truth is tubal ligations are not easily reversed and reversing a male vasectomy is not easy either. Up to 25% of sterilized women regret their decision, and approximately 25% of sterilization reversal attempts are unsuccessful. Mirena® lets you keep your family-planning options open. Mirena® provides pregnancy prevention for **5 years or less, if you choose**, that is just as effective as sterilization. Unlike sterilization, Mirena® allows you the flexibility to have it removed when you want it to be, because a lot can change in 5 years. Studies show a woman's chances of getting pregnant after having Mirena® removed are similar to a woman who has not been using any method of birth control.

Please see Important Mirena® Patient Information provided with this booklet.

Q When should I have Mirena® removed?

A You should have Mirena® removed after 5 years, but it can be removed at any time if you decide to try to become pregnant. If you choose to keep Mirena® for the full 5 years, be sure to talk with your healthcare professional before your appointment to have Mirena® removed. Your healthcare professional can place a new Mirena® during your office visit if you decide to continue using it.

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Keep life simple.

Be spontaneous

Mirena® eliminates the fuss and restores the spontaneity for up to 5 years *or less if you choose*

Q Is Mirena® easy to use?

A Mirena® (levonorgestrel-releasing intrauterine system) does not require any daily maintenance, helping you simplify your life.

- No pill to take every day or worry about forgetting
- No peeling patches or rings to remember to change
- No fumbling with diaphragms or condoms

Mirena® is small and comfortable; most likely you and your partner will not know it's there. Once Mirena® is placed, you should check the threads once a month. Your healthcare professional can show you how. If you have trouble finding the threads, call your healthcare professional. And in the meantime, be sure to use a back-up method of contraception.



Threads of Mirena®
not shown in images.



Please see Important Mirena® Patient Information provided with this booklet.

Q Can I still use tampons?

A Yes. Overall, tampons will not change the position or effectiveness of Mirena®. However, care must be observed when removing the tampon.

Q How is Mirena® placed?

A Your healthcare professional will place Mirena® into your uterus during an office visit. He or she will:

- Clean your vagina and cervix with an antiseptic solution
- Insert a thin tube of flexible plastic (the inserter) containing Mirena® into your vagina and then into your uterus
- Check to make sure Mirena® is positioned correctly
- Withdraw the plastic inserter, leaving Mirena® in your uterus
- Trim the removal threads to the proper length

If you think you may be pregnant and are considering Mirena®, please tell your healthcare professional. Pregnant women should not use Mirena®.

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Q What can I expect when Mirena® is placed?

A Some women may experience uterine cramps, bleeding, and/or dizziness during and right after Mirena® is placed. To help minimize the cramps, ask your healthcare professional about medications you may take before placement. If these symptoms last for more than 30 minutes, let your healthcare professional know. Mirena® may not have been correctly placed and your healthcare professional should examine you.

Q How long does it take to place Mirena® in the uterus?

A The procedure for placing Mirena® in your uterus takes only a few minutes during an office visit.

Q How often should I see my healthcare professional?

A You should visit your healthcare professional once in the first 1 to 3 months after Mirena® is placed to make sure it is in the right position. After that, Mirena® can be checked once a year as part of your routine exam.

Please see Important Mirena® Patient Information provided with this booklet.

Simplify each month

Mirena® may change your period

Q How will Mirena® affect my period?

A As your body adjusts to Mirena®, your period may become irregular.

- In the first 3 to 6 months, you may spot or bleed between periods
- This is because the uterine lining is thinning out
- A few women may have heavy bleeding during this period

But once you get past the first 3 to 6 months, you are likely to notice that your periods are getting lighter and shorter and, in some cases, you may even stop having a period. By 1 year of use there is a 90% reduction in menstrual bleeding, and about 20% of users have no bleeding or spotting at all.

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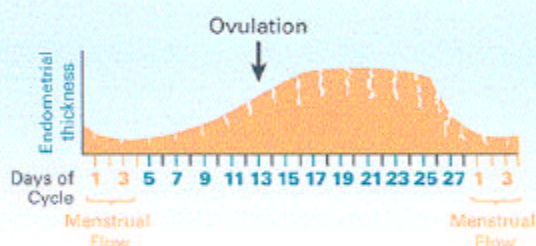
 **Mirena®**
levonorgestrel-releasing intrauterine system
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Q Is it normal to stop having periods with Mirena®?

A Yes. You may expect to miss your period while you are using Mirena® (levonorgestrel-releasing intrauterine system). This is generally not harmful and is nothing to worry about. If you are concerned about missing your period, you may want to discuss this with your healthcare professional.

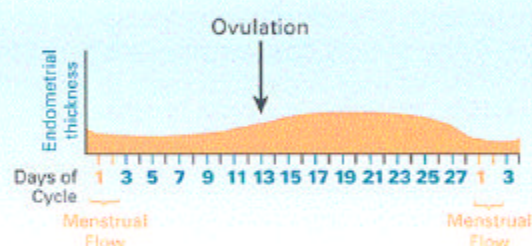
The following charts show the difference in your uterine lining with and without Mirena®.

Lining of uterus during menstrual cycle without Mirena®



- Every month, the lining of the uterus thickens during the first half of your menstrual cycle
- The lining is shed as menstrual flow
- On average, a woman's menstrual flow lasts 3 to 4 days. It may be shorter or longer, depending on the woman

Lining of uterus during menstrual cycle with Mirena®



- The levonorgestrel in Mirena® reduces the monthly thickening of the lining of your uterus
- Less thickening means less menstrual flow
- Eventually your menstrual flow may stop completely
- Once Mirena® is removed, your menstrual cycle will be similar to the way it was before you used Mirena®

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Live with confidence

Be confident with Mirena®

Q How can I be sure Mirena® works?

- A Mirena® (levonorgestrel-releasing intrauterine system) is safe and effective:
- 99.9% effective in preventing pregnancy
 - FDA-approved for use in the United States since 2001
 - Used successfully over the past 16 years by over 12 million women around the world
 - 9 out of 10 women who use Mirena® would recommend it to their friends

Q What can I expect during the first few months following placement?

- A During the first 3 to 6 months after Mirena® is placed, you may experience some side effects. These should be mild and usually decrease over time as your body gets used to Mirena®. These side effects may include:
- Bleeding and spotting during menstrual periods. The bleeding may be heavier than usual at first. However, it typically becomes lighter.
 - Cramps. Call your healthcare professional if you seem to have cramps that worsen during the first couple of weeks. He or she may want to examine you and check if Mirena® has been properly placed
 - Back pain
 - Headache
 - Nausea
 - Acne or other skin problems
 - Breast tenderness
 - Mood changes
 - A cyst on the ovary. Less than 1 in 8 women using Mirena® will develop a cyst. These cysts usually disappear on their own within a month or 2

Please see Important Mirena® Patient Information provided with this booklet.

Every woman's body adapts differently. You may experience only a few of these side effects or possibly none at all.

Q How long do the side effects commonly last?

- A Side effects with Mirena® are most common during the first 3 months after placement and generally decrease over time.

Q Could there be serious complications?

- A Serious complications with Mirena® are uncommon but may include the following:
- The uterus may be perforated, which may require surgery
 - Mirena® coming out by itself (expulsion), which can lead to unplanned pregnancy. If this happens, use another birth control method, such as a condom, and call your healthcare professional

Percentage of women reporting side effects during the first 3 months and 5th year of use.

Side effects	At 3 months	At 5 years
Changes in menstrual cycle	32%	6.3%
Lower abdominal pain (cramping)	10.5%	2.0%
Acne or other skin problems	3.5%	1.8%
Back pain	3.1%	1.0%
Breast tenderness	3.1%	1.0%
Headache	2.8%	1.6%
Mood changes	2.5%	Less than 1.0%
Nausea	2.4%	Less than 1.0%

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Q Should I be concerned about pelvic inflammatory disease (PID) while using Mirena®?

A There is little reason to be worried about PID, especially among women in a committed relationship. Research has shown that although there is some risk of PID associated with this type of birth control (intrauterine contraceptive), the risk is small after the first 20 days following insertion. Generally PID is sexually transmitted. You have a higher risk of getting PID if you or your partner has sex with multiple partners.

The risk of PID in women who use Mirena® (levonorgestrel-releasing intrauterine system) is lower than the risk in women of childbearing age (i.e., 18 to 44 years of age).

Women using Mirena® do not have an increased risk of acquiring chlamydia or gonorrhea; however, women with these conditions who do not have symptoms may have a higher risk of PID once an intrauterine contraceptive is placed. If you've had or think you may currently have either PID or a pelvic infection, talk to your healthcare professional. Mirena® should not be used by women who have had PID or a serious pelvic infection in the past.

Q I want a birth control option that is safe and hassle-free, especially if I use it for a long period of time. Is this true for Mirena®?

Please see Important Mirena® Patient Information provided with this booklet.

A Mirena® contains levonorgestrel, a hormone commonly used in birth control pills. Mirena® does not contain estrogen, so you can be worry-free from estrogen-related side effects. The low level of hormones found in Mirena® is safe and effective and a good option for women who are sensitive to estrogen or are seeking a contraceptive option to use for more than 1 year. See page 25 for information about who should not use Mirena®.

Q Will I gain weight with Mirena®?

A Research has shown that Mirena® has no effect on weight gain.*

*Based on a European multicenter study involving >1,000 LNG IUS users (Luukkainen T, Allonen H, Haukkamaa M, et al. Effective contraception with the levonorgestrel-releasing intrauterine device: 12-month report of a European multicenter study. *Contraception*. August 1987; 36(2):169-179).

Q Will my periods stop or change?

A The first 3 to 6 months after Mirena® is placed in the uterus, your monthly period may become irregular. You may also have frequent spotting or light bleeding. A few women may have heavy bleeding during this time. After your body adjusts, the number of bleeding days is likely to decrease, and you may even find that your periods stop altogether.* You may expect to miss your period while using Mirena®. See page 18 for more information.

A useful diary to help you keep track of your bleeding pattern can be found at www.Mirena-us.com.

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*By 1 year of use, there is up to a 90% reduction in menstrual bleeding, and about 20% of Mirena® users have had no menstrual bleeding at all.

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Simply ask your healthcare professional today!

Only you and your healthcare professional can decide if Mirena® is right for you

Q Who can use Mirena®?

A Mirena® (levonorgestrel-releasing intrauterine system) is most appropriate for women who:

- Have had at least 1 child
- Are looking for an effective, reversible form of birth control that's easy to use
- Are in a mutually monogamous relationship

Q How will my healthcare professional know whether Mirena® is right for me?

A Choosing the best birth control method most appropriate for you is a very personal decision, one that should be made with your healthcare professional. When talking with your healthcare professional, it's important that you share any current or past health conditions that you have. To help you decide if Mirena® may be right for you, your healthcare professional needs to know if you:

- recently had a baby or if you are breastfeeding*
- are diabetic
- have problems with blood clotting or take medicine to reduce clotting
- have heart disease, congenital heart conditions, or high blood pressure
- are in a stable relationship in which you and your partner do not have sexual relationships with others
- have ever had pelvic inflammatory disease (PID)

* Mirena® should not be placed until at least 6 weeks after giving birth. If you are breastfeeding, please ask your healthcare professional if Mirena® is the best choice for you.

Please see Important Mirena® Patient Information provided with this booklet.

Q Who should not use Mirena®?

A Do not use Mirena® if you:

- might be pregnant
- have had a serious pelvic infection in the past 3 months after a pregnancy
- have more than 1 sexual partner or your partner has more than 1 partner
- have an untreated pelvic infection now
- have had a serious pelvic infection called pelvic inflammatory disease (PID) unless you have since had a normal pregnancy
- can get infections easily (for example, you have problems with your immune system, you have leukemia or AIDS, or you abuse intravenous drugs)
- have or suspect you might have cancer of the uterus or cervix
- have bleeding from the vagina that has not been explained
- have liver disease or liver tumor
- have breast cancer now or in the past or suspect you have breast cancer
- have had an ectopic pregnancy or know you are at high risk for ectopic pregnancy
- have an intrauterine device in your uterus already
- have a condition that distorts the uterine cavity, such as large fibroid tumors
- are allergic to levonorgestrel, silicone, or polyethylene

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Q Could Mirena® be right for you?

A To get the most out of your office visit, check the boxes below, and bring this checklist to your next visit with your healthcare professional.

YES NO NOT SURE
(discuss with my healthcare professional)

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I want highly effective birth control that lasts for up to 5 years or less if I choose and is easily reversible.* |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | My partner and I have a monogamous relationship. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I may have trouble remembering to take a birth control pill every day. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Family planning is important to me. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I have certain health problems that may limit my birth control choices. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I would feel more comfortable using birth control that doesn't contain estrogen. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I want hassle-free birth control that won't interfere with my love life. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I'm uncomfortable using condoms and/or a diaphragm or cervical cap. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | I want birth control that may also reduce cramps, reduce monthly bleeding, and give me shorter, lighter periods. |

For more information about Mirena® (levonorgestrel-releasing intrauterine system), visit the Web site at www.Mirena-us.com.

*Studies show your chances of getting pregnant after Mirena® is removed are the same as for women who had not been using any form of birth control.

Please see Important Mirena® Patient Information provided with this booklet.

Health plan benefits

Q How do I know if Mirena® is covered under my health plan benefits?

A Mirena® may be covered by your health insurance plan. Please visit www.Mirena-us.com for more information about:

- How to find out if Mirena® is covered
- How to advocate for coverage with your employer if it isn't covered by your health plan benefit
- What financing options are available if Mirena® is not covered by your health plan

Q Is Mirena® less expensive than other birth control methods?

A After just 1 year, Mirena® is cost-effective. The 1-time cost of Mirena®, in comparison to other birth control methods, could save you hundreds of dollars or more over time.

For more information, please visit www.Mirena-us.com. Your savings could be even greater with the help of your health plan.

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Making sense of what's out there

Are you "in the know" about birth control options?

Because there is such a wide assortment of birth control options, deciding which one is right for you can be confusing. It's important to find the method that meets your lifestyle needs and helps you reach your personal and family goals. As these may change over time—you may want to plan a family, for example—your birth control methods may change, too.

It's important to discuss different birth control options with your healthcare professional to decide which is right for you. In your conversation, other considerations may include:

- General health
- Sexual history
- Desire to have more children

It helps to have a general idea of how the various birth control methods work before you talk with your doctor. There are a variety of other factors to consider when making your decision about birth control, including:

- How safe is it?
- How effective is it?
- How convenient is it?
- How long does it work?
- Is it reversible?
- Does it fit my lifestyle?

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METHOD EFFECTIVENESS*

Reversible, Prescription Methods

Intrauterine Contraception (Mirena®)	99.9%†
Injectables (The "Shot")	97%
Oral Contraceptives (The "Pill")	92%
The Patch	92%
The Ring	92%
Diaphragm	84%
Cervical Cap (without previous pregnancies)	84%
Cervical Cap (with previous pregnancies)	68%

Reversible, Nonprescription Methods

Male Condom	85%
Female Condom	79%
Spermicide	71%

Nonreversible: Sterilization

Male (Vasectomy)	99.85%
Female (Tubal Ligation)	99.5%

*Within first year of typical use; among typical couples who initiate use of a method (not necessarily for the first time), the percentage who do not experience an accidental pregnancy during the first year if they do not stop use.

†Levonorgestrel-releasing intrauterine system.

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Know your options

Reversible, prescription methods

Intrauterine Contraception is available in 2 forms: the copper IUD or Mirena® (levonorgestrel-releasing intrauterine system)

Mirena®

- Small, "T"-shaped piece of soft, flexible plastic, placed in the uterus by a healthcare professional during a routine office visit
- Releases tiny amounts of progestin over time directly to the uterus
- Prevents pregnancy for up to 5 years **or less if you choose**. You can have it removed sooner if you want to try to conceive. (When you are ready for birth control again, Mirena® can be inserted for another 5 years.)



Threads of Mirena® not shown in image.

Injectables (the "Shot")

- Progestin injected by a healthcare professional into the buttock or arm
- Prevents ovary from releasing an egg (ovulation) and prevents sperm from joining with an egg
- Injection must be repeated every 3 months



All birth control methods reviewed above do not protect against HIV (AIDS) and other STDs except for the condom, which provides the most reliable (but not total) protection against STDs, including HIV (AIDS). The condom can be used with other birth control methods for protection against STDs.

Please see Important Mirena® Patient Information provided with this booklet.

Oral Contraceptives (the "Pill")

- Combination oral contraceptive: pill that contains the hormones estrogen and progestin
- Progestin-only contraceptive: pill that contains progestin only
- "Tricks" the body into thinking it is pregnant, which prevents ovulation; without an egg to be fertilized, you cannot become pregnant
- Must be taken daily as directed



Important Consideration: While the estrogen in the Pill is always the same, the progestins vary. For example, there are 2 kinds of oral contraceptives that contain the progestin drospirenone (drsp).

It's important to know what progestin is in a birth control pill when deciding what type of pill to take. Ask your healthcare professional for more information about progestins.

The Patch

- Applied to the skin of the buttocks, stomach, outer upper arm, or upper torso and continuously releases the hormones estrogen and progestin
- Prevents ovulation, much like oral contraceptives
- A new patch must be applied weekly for 3 weeks (preferably on the same day of the week but on a different part of the body) and removed on the fourth week to allow for a menstrual period



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Mirena®
(levonorgestrel-releasing intrauterine system)
Keep life simple.

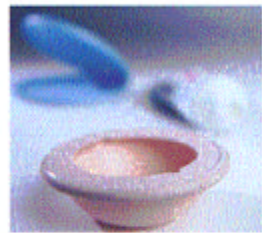
The Ring

- Thin, flexible ring you insert into the vagina that slowly releases the hormones estrogen and progestin
- Prevents ovulation, much like oral contraceptives
- Remains in the vagina for 3 weeks and is removed on the fourth week to allow for a menstrual period; a new ring is then inserted



Diaphragm and Cervical Cap

- Small, soft rubber caps used with spermicide and inserted into the vagina
- DIAPHRAGM: must be left in place for 6 hours after intercourse and removed within 24 hours; spermicide must be reapplied prior to having sexual intercourse again
- CERVICAL CAP: must be left in place for 8 hours after having intercourse and removed within 48 hours



Diaphragm

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All birth control methods reviewed above do not protect against HIV (AIDS) and other STDs except for the condom, which provides the most reliable (but not total) protection against STDs, including HIV (AIDS). The condom can be used with other birth control methods for protection against STDs.

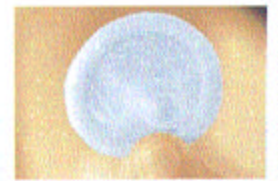
Please see Important Mirena® Patient Information provided with this booklet.

Know your options

Reversible, nonprescription methods

Condom

- Available in male and female forms
- Can be used only once



Male condom

Spermicide

- Foam, cream, jelly, film, or suppository inserted into vagina shortly before intercourse
- Effective for up to 1 hour only



Nonreversible method: sterilization

Female Sterilization (Tubal Ligation)

- Surgery to block fallopian tubes that carry eggs to the uterus
- Usually permanent; reversal is difficult, expensive, and not always successful



Male Sterilization (Vasectomy)

- Surgery to block the tubes (vas deferens) that carry sperm
- Does not affect masculinity or ability to have sex
- Usually permanent; reversal is difficult, expensive, and not always successful

Important Consideration: Studies show that 1 out of 4 women later regret having sterilization surgery. It is intended to be permanent, and there is no guarantee it can be reversed.

 **Mirena®**
(levonorgestrel-releasing intrauterine system)
Keep life simple.

Patient satisfaction

Q What can I expect with Mirena®?

A Here's what other women say about their Mirena® (levonorgestrel-releasing intrauterine system) experience:

- 98% of Mirena® users are satisfied with their choice
- 87% of current Mirena® users say they would get another Mirena® in the future
- 92% of users have recommended Mirena® to 1 or more friends

IMPORTANT SAFETY INFORMATION ABOUT MIRENA®

Candidates for Mirena® have had a child, are in a stable relationship, and have no risk or history of ectopic pregnancy or pelvic inflammatory disease. **Mirena® does not protect against HIV or STDs.** Ovarian cysts may occur and typically disappear. Complications may occur from placement. Expulsion (where Mirena® falls completely or partially out of the uterus) may occur. Missing periods or irregular bleeding is common in the first few months, followed by shorter, lighter periods.

Please see Important Mirena® Patient Information provided with this booklet.

For more information about birth control options

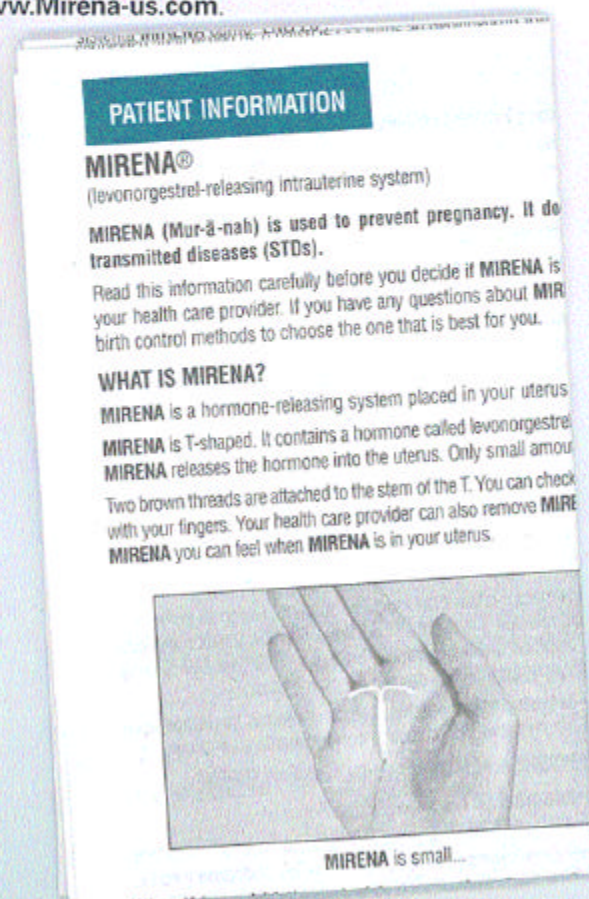
American Academy of Family Physicians
www.familydoctor.org

National Women's Health Information Center
www.4woman.gov

National Women's Health Resource Center
www.healthywomen.org

ReproLine: Reproductive Health Online
www.reproline.jhu.edu

For more information about the benefits of Mirena® (levonorgestrel-releasing intrauterine system), call 888-84-BAYER or visit the Web site at www.Mirena-us.com.



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